**APPENDIX A-3**

**PRELIMINARY DISASTER ASSESSMENT**

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| **Preliminary Disaster Assessment**  **for Multifamily Housing Properties** | **U.S. Department of Housing**  **And Urban Development**  **Office of Housing**  **Federal Housing Commissioner** |

Public Reporting Burden for this collection of information is estimated to average .25 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. The purpose of this form is to assist the owner in assessing the energy conservation needs of the property. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the Reports Management Officer, Office of Information Policies and Systems, U.S. Department of Housing and Urban Development, Washington, D.C. 20410-3600 and to the Office of Management and Budget, Paperwork Reduction Project (2502-0582), Washington, D.C. 20503. Do not send this completed form to either of the above addresses.

**Instructions:** Using this assessment checklist, HUD staff must complete the general property information section and contact the owner/management by telephone to obtain responses to the questions below. If unmet needs are identified below, HUD staff must coordinate with Headquarters staff and the appropriate Federal, State, and/or local officials to the extent possible. Life threatening issues should be reported to emergency personnel immediately.

**GENERAL PROPERTY INFORMATION**

|  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Assessment Date: | Property Name: | | | | Property Address: | | | | | | | |
| Owner:  Owner Phone Number:  Alternate Contact/Phone Number:  Email Address: | | | | | On-Site Management Agent:  Management Agent Phone Number:  Alternate Contact/Phone Number:  Email Address: | | | | | | | |
| IREMS Number: | | FHA Number:    **N/A** | | | Section of the Act:    **N/A** | | | | | Contract Number:    **N/A** | | |
| Total Units:  Total Assisted Units: | | Type of Subsidy | | | | | Client Type | | | | | |
| Section 8  PAC  Section 236  Section 221(d)(3) BMIR  Rent Supplement  RAP  PRAC  Unsubsidized | | | | | Family  Disabled  Elderly  Elderly/Disabled  Other (please specify) | | | | | |
| **RESIDENT STATUS/UNMET NEEDS** | | | | | | | | | | | | |
| Number of Occupied Units Pre-Disaster: | | | Number of Units Currently Occupied: | | | | | Number of Residents with Special Needs: | | | | |
|  | | | | | | | | | **YES** | | **NO** | **N/A** |
| 1. Have there been any reported resident injuries? | | | | | | | | |  | |  |  |
| 2. Do the residents require evacuation? | | | | | | | | |  | |  |  |
| 3. Would you like assistance with evaluating residents? | | | | | | | | |  | |  |  |
| 4. Has alternate contact information been obtained from residents? | | | | | | | | |  | |  |  |
| 5. Have residents been provided alternate contact information from the management staff? | | | | | | | | |  | |  |  |
| 6. Have any of the following unmet needs been identified? | | | | | | | | |  | |  |  |
| Food? | | | | | | | | |  | |  |  |
| Water? | | | | | | | | |  | |  |  |
| Health Risks? | | | | | | | | |  | |  |  |
| Disability Issues? | | | | | | | | |  | |  |  |
| Limited English proficiency and/or ability to read/write??? | | | | | | | | |  | |  |  |
| Life Threatening Issues? | | | | | | | | |  | |  |  |
| **PROPERTY** | | | | | | | | | **YES** | | **NO** | **N/A** |
| Does the property have any of the following: | | | | | | | | |
| 1. Power? | | | | | | | | |  | |  |  |
| 2. Water? | | | | | | | | |  | |  |  |
| 3. Vehicle Access? | | | | | | | | |  | |  |  |
| 4. Standing Water? | | | | | | | | |  | |  |  |
| 5. Were the buildings flooded?  If yes, how deep and for how long? | | | | | | | | |  | |  |  |
| 6. Is the property accessible and safe to enter? | | | | | | | | |  | |  |  |
| 7. Are permits or clearances required to re-occupy, repair, or re-construct the property? | | | | | | | | |  | |  |  |
| 8. Has management personnel taken photographs of the damage? If yes, request a scanned or faxed copy of the photographs. | | | | | | | | |  | |  |  |
| **UNITS**  **How many units are damaged and cannot be reoccupied?** | | | | | | | | | **YES** | | **NO** | **N/A** |
| 1. Can residents be moved to other units on-site? | | | | | | | | |  | |  |  |
| 2. Are you aware of other projects where these residents can be relocated? | | | | | | | | |  | |  |  |
| 3. Can all residents return to their units immediately? | | | | | | | | |  | |  |  |
| 4. Can all residents return to their units within the next two weeks? | | | | | | | | |  | |  |  |
| 5. Can all residents return to their units within one month? | | | | | | | | |  | |  |  |
| Overall Damage (please indicate)  None  Minor  Moderate  Major  Severe | | | | | | | | | | | | |
| Disaster Code (please indicate)  1  2  3  4  5  6  7  8  9 | | | | | | | | | | | | |
| **Codes:** 0 = No Damage-No Dislocation; 1=Power Outage – No Dislocation; 2=Minor Damage – No Dislocation; 3=Minor Damage-Dislocation; 4=Modest Damage-No Dislocation; 5=Power Damage-Full Dislocation; 6=Severe Damage-Minor (<50%) Dislocation; 7=Severe Damage-Significant (>50%) Dislocation; 8 = Severe Damage – Red Flagged; 9=Severe Damage-Demolition; 10=No Assessment | | | | | | | | | | | | |
| Priority Code (please indicate)  Green  Yellow  Red | | | | | | | | | | | | |
| Comments: | | | | | | | | | | | | |
| Name of Reviewer: | | | | Title of Reviewer: | | Date: | | | | | | |
|  | | | |  | |  | | | | | | |

**APPENDIX A-4**

**VACANCY UTILIZATION/DISPLACED RESIDENT REPORT**

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| **Disaster Vacancy Utilization/**  **Displaced Resident Report**  **for Multifamily Housing Properties** | **U.S. Department of Housing**  **And Urban Development**  **Office of Housing**  **Federal Housing Commissioner** |  |

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**Instructions:** Using this assessment checklist, HUD staff must complete this form by contacting HUD and non-HUD owners/management agents in the disaster affected area to identify available vacancies.

|  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Date: | Affected Property Name: | | | Affected Property Address: | | | | | | County: | | |
| Disaster Name: (if known)       Unknown | | | | | | Have any evacuates been housed in the property?       If yes, number of families housed and unit size. | | | | | | |
| Are there any vacant units that may be used for housing residents displaced by the storm?       If yes, how many? Please list Unit size, type and date unit(s) will be ready for occupancy: | | | | | | | | | | | | |
| **Property Name/Address** | | **Number Available** | | | **Unit Size** | | **Unit Type**  **(Family, Elderly, Persons with Disabilities, etc.)** | | **Date Available for Occupancy** | | | **HUD Property?** |
|  | |  | | |  | |  | |  | | | Yes  No |
|  | |  | | |  | |  | |  | | | Yes  No |
|  | |  | | |  | |  | |  | | | Yes  No |
|  | |  | | |  | |  | |  | | | Yes  No |
|  | |  | | |  | |  | |  | | | Yes  No |
|  | |  | | |  | |  | |  | | | Yes  No |
|  | |  | | |  | |  | |  | | | Yes  No |
|  | |  | | |  | |  | |  | | | Yes  No |
|  | |  | | |  | |  | |  | | | Yes  No |
|  | |  | | |  | |  | |  | | | Yes  No |
| Name of Reviewer: | | | Title of Reviewer: | | | | | Date: | | | Telephone Number: | |